

# READY READER

Kansas CMS Emergency Preparedness CoP Newsletter

Issue 11 April 2017

## Intermediate Care Facility for Individuals with Intellectual Disabilities: Emergency Plan

The Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address the special needs of its client population, including, but not limited to, persons at-risk; the type of services the ICF/IID has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the ICF/IID efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

*"This final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates lessons learned..."*

- Federal Register, 9/16/2016

## ICF/IID: Policies and Procedures

The ICF/IID must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

1. The provision of subsistence needs for staff and clients, whether they evacuate or shelter in place, include, but are not limited to the following:
  - i. Food, water, medical, and pharmaceutical supplies.
  - ii. Alternate sources of energy to maintain the following:
    - A. Temperatures to protect client health and safety and for the safe and sanitary storage of provisions.
    - B. Emergency lighting.
    - C. Fire detection, extinguishing, and alarm systems.
    - D. Sewage and waste disposal.

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## ICF/IID: Policies and Procedures cont.

2. A system to track the location of on-duty staff and sheltered clients in the ICF/IID's care during and after an emergency. If on-duty staff and sheltered clients are relocated during the emergency, the ICF/IID must document the specific name and location of the receiving facility or other location.
3. Safe evacuation from the ICF/IID, which includes consideration of care and treatment needs of evacuees; staff responsibilities; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
4. A means to shelter in place for clients, staff, and volunteers who remain at the facility.
5. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
6. The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during and emergency.
7. The development of arrangements with other ICF/IIDs or other providers to receive clients in the event of limitations or cessation of operations to maintain the continuity of services to ICF/IID clients.
8. The role of the ICF/IID under a waiver declared by the US Secretary of Health and Human Services, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency management officials

## ICF/IID: Communication Plan

The ICF/IID must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

1. Names and contact information for the following:
  - i. Staff
  - ii. Entities providing services under arrangement
  - iii. Clients' physicians
  - iv. Other ICF/IIDs
  - v. Volunteers
2. Contact information for the following:
  - i. Federal, State, tribal, regional or local emergency preparedness staff
  - ii. Other sources of assistance
  - iii. The State Licensing and Certification Agency
  - iv. The State Protection and Advocacy Agency
3. Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, or local emergency management agencies.
4. A method for sharing information and medical documentation for clients under the ICF/IID's care, as necessary, with other health care providers to maintain the continuity of care.
5. A means, in the event of an evacuation, to release client information as permitted under 45 CFR 164.510(b)(1)(ii).
6. A means of providing information about the general condition and location of clients under the facility's care as permitted under 45 CFR 164.510(b)(4).
7. A means of providing information about the ICF/IID's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.
8. A method for sharing information from the emergency plan that the facility has determined is appropriate with clients and their families or representatives.

## ICF/IID: Training and Testing

The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually. The ICF/IID must meet the requirements for evacuation drills and training.

# ICF/IID: Training and Testing cont.

1. Training program—The ICF/IID must do all the following:
  - i. Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
  - ii. Provide emergency preparedness training at least annually.
  - iii. Maintain documentation of the training.
  - iv. Demonstrate staff knowledge of emergency procedures.
2. Testing. The ICF/IID must conduct exercises to test the emergency plan at least annually. The ICF/IID must do the following:
  - i. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the ICF/IID experiences an actual natural or manmade emergency that required activation of the emergency plan, the ICF/IID is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event
  - ii. Conduct an additional exercise that may include, but is not limited to the following:
    - A. A second full-scale exercise that is community-based or individual, facility-based.
    - B. A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, direct messages, or prepared questions designed to challenge an emergency plan.
  - iii. Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.

## Integrated healthcare systems

If a ICF/IID is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the ICF/IID may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

1. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
2. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
3. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
4. Include a unified and integrated emergency plan that meets the requirements above. The unified and integrated emergency plan must also be based on and include all of the following:
  - i. A documented community-based risk assessment, utilizing an all-hazards approach.
  - ii. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
5. Include integrated policies and procedures that meet the requirements set forth above, a coordinated communication plan and training and testing programs that meet the requirements above.

### 17 Provider Types

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| <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Religious Nonmedical Health Care Institutions</li> <li>• Ambulatory Surgical Centers</li> <li>• Hospices</li> <li>• Psychiatric Residential Treatment Facilities</li> <li>• Programs of All-Inclusive Care for the Elderly</li> </ul> | <ul style="list-style-type: none"> <li>• Transplant Centers</li> <li>• Long-Term Care Facilities</li> <li>• Intermediate Care Facilities for Individuals with Intellectual Disabilities</li> <li>• Home Health Agencies</li> <li>• Comprehensive Outpatient Rehabilitation Facilities</li> <li>• Critical Access Hospitals</li> <li>• Clinics, Rehabilitation Agencies, and Public Health Agencies as</li> </ul> | <ul style="list-style-type: none"> <li>• Providers of Outpatient Physical Therapy and Speech-Language Pathology Services</li> <li>• Community Mental Health Centers</li> <li>• Organ Procurement Organizations</li> <li>• Rural Health Clinics &amp; Federally Qualified Health Centers</li> <li>• End-State Renal Disease Facilities</li> </ul> |
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# ICF/IID Highlights

## Emergency Plan

The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address client population, including, but not limited to, the type of services the ICF/IID has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the ICF/IID's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

## Policies and Procedures

The ICF/IID must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually.

## Communication Plan

The ICF/IID must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually.

## Training and Testing

The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually. The ICF/IID must participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based.

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